CONGREGATIONAL HOME

3150 LILLY RD

BROOKFIELD 53005 Phone: (262) 781-0550	)	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	88	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/04):	88	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/04:	88	Average Daily Census:	81

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	L2/31/04)	Length of Stay (12/31/04)	%	
Home Health Care	No	Primary Diagnosis		Age Groups	%	Less Than 1 Year	34.1	
Supp. Home Care-Personal Care	No					1 - 4 Years	50.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.1	More Than 4 Years	15.9	
Day Services	No	Mental Illness (Org./Psy)	37.5	65 - 74	1.1			
Respite Care	No	Mental Illness (Other)	4.5	75 - 84	29.5		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.4	********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.8	Full-Time Equivaler	ıt	
Congregate Meals No		Cancer		0		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.4	ĺ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	23.9	65 & Over	98.9			
Transportation	No	Cerebrovascular	5.7			RNs	16.8	
Referral Service	No	Diabetes	1.1	Gender	%	LPNs	4.4	
Other Services	No	Respiratory	3.4			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.5	Male	19.3	Aides, & Orderlies	46.4	
Mentally Ill	No			Female	80.7			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	No			İ	100.0			
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	88	100.0	210	0	0.0	0	0	0.0	0	88	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		0	0.0		0	0.0		88	100.0		0	0.0		0	0.0		88	100.0

CONGREGATIONAL HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
				:	% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	30.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.3		81.8	15.9	88
Other Nursing Homes	13.6	Dressing	9.1		79.5	11.4	88
Acute Care Hospitals	37.9	Transferring	20.5		59.1	20.5	88
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.5		59.1	28.4	88
Rehabilitation Hospitals	0.0	Eating	73.9		17.0	9.1	88
Other Locations	18.2	******	******	*****	******	*******	******
Total Number of Admissions	66	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.8	Receiving Resp	iratory Care	5.7
Private Home/No Home Health	28.1	Occ/Freq. Incontiner	nt of Bladder	70.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	43.2	Receiving Suct	ioning	0.0
Other Nursing Homes	5.3	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	12.3	Mobility			Receiving Tube	Feeding	1.1
Psych. HospMR/DD Facilities	1.8	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	25.0
Rehabilitation Hospitals	0.0	İ			5	-	
Other Locations	14.0	Skin Care			Other Resident C	haracteristics	
Deaths	38.6	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		10.2	Medications		
(Including Deaths)	57				Receiving Psyc	hoactive Drugs	76.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit Facility Peer Group			-99	Ski	lled	Al	1
	Facility				Group	Peer	Group	Faci	lities
	8	%	Ratio % Ratio % Rat		Ratio	%	Ratio		
Occurrence Pates Assessed Pails General Vicenced Pade	02.0	07.4	1 05	00.0	1 04	07.2	1 05	0.0	1 04
Occupancy Rate: Average Daily Census/Licensed Beds	92.0	87.4	1.05	88.2	1.04	87.3	1.05	88.8	1.04
Current Residents from In-County	47.7	86.8	0.55	88.5	0.54	85.8	0.56	77.4	0.62
Admissions from In-County, Still Residing	27.3	21.8	1.25	21.6	1.26	20.1	1.36	19.4	1.41
Admissions/Average Daily Census	81.5	159.1	0.51	187.2	0.44	173.5	0.47	146.5	0.56
Discharges/Average Daily Census	70.4	159.6	0.44	182.1	0.39	174.4	0.40	148.0	0.48
Discharges To Private Residence/Average Daily Census	19.8	63.2	0.31	76.7	0.26	70.3	0.28	66.9	0.30
Residents Receiving Skilled Care	100	96.1	1.04	96.7	1.03	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	98.9	96.5	1.02	89.4	1.11	90.7	1.09	87.9	1.12
Title 19 (Medicaid) Funded Residents	0.0	50.4	0.00	48.4	0.00	56.7	0.00	66.1	0.00
Private Pay Funded Residents	100	33.2	3.01	31.2	3.21	23.3	4.29	20.6	4.86
Developmentally Disabled Residents	0.0	0.5	0.00	0.2	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	42.0	33.9	1.24	34.7	1.21	32.5	1.29	33.6	1.25
General Medical Service Residents	20.5	26.1	0.78	23.5	0.87	24.0	0.85	21.1	0.97
Impaired ADL (Mean)	46.8	51.2	0.91	50.4	0.93	51.7	0.91	49.4	0.95
Psychological Problems	76.1	62.3	1.22	58.0	1.31	56.2	1.35	57.7	1.32
Nursing Care Required (Mean)	5.3	7.1	0.74	7.3	0.72	7.7	0.68	7.4	0.71